

DO NOT USE THIS SPACE ISSUED BY:	PERSONAL HISTORY STATEMENT	THIS DATE
INSTRUCTIONS		
<p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully. Illegible or incomplete forms will not receive consideration. SS No 220-343343</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p>		
SECTION I GENERAL PERSONAL AND PHYSICAL DATA		
1. FULL NAME (Last-First-Middle) LAUNAGS Freds Ziedonis		2. AGE 38
		3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. HEIGHT 5'11"	5. WEIGHT 155	6. COLOR OF EYES grey-blue
7. COLOR OF HAIR brown	8. TYPE COMPLEXION fair	9. TYPE BUILD medium
10. SCARS (Type and Location) cut on the right knee		
11. OTHER DISTINGUISHING PHYSICAL FEATURES wears eyeglasses		
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country) 415 E. Clifton Terr., N.W. Washington 9, D.C.		13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) c/o Max Chenoweth 4097 Monticello, Abilene, Texas
14. HOME TELEPHONE NO. Columbia 57744, Ext. 415 East	15. OFFICE TELEPHONE NO. & EXT. Liberty 5-6700, Ext. 67054	16. LEGAL RESIDENCE (State, Territory or Country) D.C.
17. NICKNAMES BUZIS (family), ANDZS (national partisans), ARNO, BRUNO (at work now)		18. OTHER NAMES YOU HAVE USED A. VANAGS, P. TAURENS, Alfreds LAGZDIJS
19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES. A. VANAGS - penname in 1950; P. TAURENS - since 1952, penname; Alfr. LAGZDIJS - during the mission in Spain 1955/56; Vidzeme - penname in 1957.		
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority). NA		
SECTION II POSITION DATA		
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING <div style="text-align: center;">L</div>		
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). \$		
3. INDICATE YOUR WILLINGNESS TO TRAVEL		
OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input checked="" type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER: <input type="checkbox"/>		
4. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN		
WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S. <input checked="" type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify):		
OUTSIDE CONTINENTAL U.S. <input checked="" type="checkbox"/> with certain reservations as to the length; see below		
5. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA: if travel assignments in U.S. - not longer than two weeks; if assignments of more than three month outside continental U.S. - not without my family.		

FORM NO. 444 REPLACES FORM 36-1
1 SEP 59 WHICH IS OBSOLETE.

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE METHOD EXEMPTION 302B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2008

B

SECTION III			CITIZENSHIP				
1. DATE OF BIRTH		2. PLACE OF BIRTH (City, State, Country)		3. PRESENT CITIZENSHIP (Country)			
7 June, 1919		Vecniebalga, Latvia		Latvian			
4. CITIZENSHIP ACQUIRED BY				5. NATURALIZATION CERTIFICATE NO.			
<input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):				NA			
6. COURT ISSUING NATURALIZATION CERTIFICATE			7. ISSUED AT (City, State, Country)				
NA			NA				
8. HAVE YOU HELD PREVIOUS NATIONALITY			9. IF YES, GIVE NAME OF COUNTRY				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			NA				
10. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.							
NA							
11. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP			12. GIVE PARTICULARS				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			I am going to apply for US citizenship in Oct. '57				
13. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)?							
NA							
14. DATE OF ARRIVAL IN U.S.		15. PORT OF ENTRY		16. ON PASSPORT OF WHAT COUNTRY			
14 Oct., 1952		Hoboken, N.J.		Temporary Travel Document In Iden. Of Passport			
17. LAST U.S. VISA (No., Type, Place of Issue)				18. DATE VISA ISSUED			
Immigration Visa No. 75; Section 3(c) of D.P. Act; American Consulate General at Munich, Germany				Sep. 24, 1952			
SECTION IV							
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
LESS THAN HIGH SCHOOL GRADUATE			<input checked="" type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE				
HIGH SCHOOL GRADUATE			BACHELOR'S DEGREE nonexistent in Latvia				
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE			GRADUATE STUDY LEADING TO HIGHER DEGREE				
TWO YEARS COLLEGE OR LESS			MASTER'S DEGREE DOCTOR'S DEGREE				
2. ELEMENTARY SCHOOL							
1. NAME OF ELEMENTARY SCHOOL			2. ADDRESS (City, State, Country)				
Elementary School of Bulduri,			Muzas Street No. 4, Bulduri, Latvia				
3. DATES ATTENDED (From-and-To)			4. GRADUATE				
1927 - 1953			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
3. HIGH SCHOOL							
1. NAME OF HIGH SCHOOL			2. ADDRESS (City, State, Country)				
2nd Municipal Gymnasium of Riga			Taldemara Street No. 1, Riga, Latvia				
3. DATES ATTENDED (From-and-To)			4. GRADUATE				
1933 - 1938			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
1. NAME OF HIGH SCHOOL			2. ADDRESS (City, State, Country)				
a/m includes Junior and Senior H.S.							
3. DATES ATTENDED (From-and-To)			4. GRADUATE				
			<input type="checkbox"/> YES <input type="checkbox"/> NO				
4. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/ QTR HOURS (Specify)
	MAJOR	MINOR	FROM	TO			
University of Latvia, Riga, Latvia	agri-	culture	1938	1939	NA	NA	2 sem.
Academy of Agriculture, Jelgava, Latv.	"	"	1939	May, 1941	NA	NA	3 sem.
SECTION IV CONTINUED TO PAGE 3							

SECTION IV CONTINUED FROM PAGE 2				
3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS				
NAME OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	TOT.MOS.
NA				
6. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)				
NAME OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	TOT.MOS.
NA				
7. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.				
NA				

SECTION V FOREIGN LANGUAGE ABILITIES																			
LANGUAGE (List below each language in which you possess any degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X) in the appropriate box(es).)	COMPETENCE - IN ORDER LISTED R-Read, W-Write, S-Speak												HOW ACQUIRED						
	EQUIVALENT TO NATIVE FLUENCY			FLUENT BUT OBVIOUSLY FOREIGN			ADEQUATE FOR RESEARCH			ADEQUATE FOR TRAVEL			LIMITED KNOWLEDGE			NATIVE OF COUNTRY	PRO-LONGED RES- IDENCE	CONTACT (with parents, etc.)	ACADEMIC STUDY (all levels)
	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S				
Latvian	X	X	X													X	X	X	X
English							X	X	X								X		
German							X	X	X								X	X	X
Swedish							X				X			X			X		
2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY.																			
German - five years in elementary school, five years in gymnasium, one year in university; Latvian - six years in elem.school, five years in gymnasium.																			
3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EX-PLAIN YOUR COMPETENCE THEREIN.																			
NA																			
4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIEN- TIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY, AND OTHER SPECIALIZED FIELDS.																			
able to translate from Latvian to English and German (and vice versa) on diverse subjects; also from German and Swedish to English and from English to German.																			
5. IF YOU HAVE NOTED A PROFICIENCY IN LANGUAGE, WOULD YOU BE WILLING TO USE THIS ABILITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?																			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			

SECTION VI GEOGRAPHIC AREA KNOWLEDGE						
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY, OR WORK ASSIGNMENT. UNDER COLUMN "SPECIALIZED KNOWLEDGE", INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.						
NAME OF REGION OR COUNTRY	SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
Latvia	terrain, general conditions	1919-45	x	x	x	x
Sweden	general conditions	1945-51	x	x		x
Germany	general conditions	1951/52	::	x		x
USA	general conditions	since 1952	x	x		x
Spain	first impressions only	1955/56	x			x
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE. Latvia - permanent residence until 30 Oct., 1945 Sweden - asylum from 31 Oct., 1945 to May, 1951 Germany - residing while working for the US Govt. from May, 1951, to Oct., 1952						
3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED. NA						
SECTION VII TYPING AND STENOGRAPHIC SKILLS						
1. TYPING (wpm)		2. SHORTHAND (wpm)		3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
apr. 30		NA		GREGG	SPEEDWRITING	STENO TYPE
				OTHER (Specify):		
2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.). NA						
SECTION VIII SPECIAL QUALIFICATIONS						
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH. photography - amateur; stamp collecting - amateur; journalism - amateur; volleyball - fair; skiing - fair; field and tracks - fair; W/T - fair; dancing - fair; book reading - fair; choir singing - fair; gardening - fair; theater (acting) - amateur; classical music - fair.						
2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK. in Latvian broadcasting (announcing, feature writing); propaganda activities - political editorials and analysis (in Latvian); research on political and propaganda matters (in Latvian and English, possibly German, too); research on Soviet (Latvian) realities and instructing on them.						
3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES. Shortwave radio; chemical analysis by laboratory equipment; surveying devices (refreshing courses needed); broadcasting devices (tape recorders, microphone).						

SECTION VIII CONTINUED FROM PAGE 4														
4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														
5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE (Provide License Registry Number, if known). NA														
6. FIRST LICENSE OR CERTIFICATE (Year of Issue) NA	7. LATEST LICENSE OR CERTIFICATE (Year of Issue) NA													
8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Fiction or Scientific articles, General Interest subjects, Novels, Short Stories, Etc.). NA														
9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED. NA														
10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE. Public speaking on several occasions in 1944/45 in Kurzeme, Latvia, in connection with organizational work of national partisans; in 1946 in Sweden among the Latvians there about national problems in exile, also at the meetings of Latvian YMCA														
11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED. NA														
<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;"> SECTION IX EMPLOYMENT HISTORY </div> <div style="font-size: small; margin-bottom: 5px;"> NOTE: Indicate chronological history of employment for past 15 years (List last position first.) Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing items 9, "Description of Duties" consider your experience carefully and provide meaningful, objective statements. </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> 1. INCLUSIVE DATES (From and To - By Mo. and Yr.) Feb., 1946 - Feb., 1947 </td> <td style="width: 50%; padding: 2px;"> 2. NAME OF EMPLOYING FIRM OR AGENCY ROOTH Gösta, M.D. </td> </tr> <tr> <td style="padding: 2px;"> 3. ADDRESS (No., Street, City, State, Country) Lund, Sweden </td> <td style="padding: 2px;"> 5. NAME OF SUPERVISOR Rooth G. </td> </tr> <tr> <td style="padding: 2px;"> 4. KIND OF BUSINESS laboratory and medical analysis </td> <td style="padding: 2px;"> 7. SALARY OR EARNINGS \$ 400.70 PER month </td> </tr> <tr> <td style="padding: 2px;"> 6. TITLE OF JOB technician </td> <td style="padding: 2px;"> 8. CLASS. GRADE (If Federal Service) NA </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 9. DESCRIPTION OF DUTIES chemical analysis (incl. calorimetry), experiments with sulfa and penicillin inhalation (patients) and recording of it. </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 10. REASONS FOR LEAVING moved to other city in order to be together with family </td> </tr> </table>			1. INCLUSIVE DATES (From and To - By Mo. and Yr.) Feb., 1946 - Feb., 1947	2. NAME OF EMPLOYING FIRM OR AGENCY ROOTH Gösta, M.D.	3. ADDRESS (No., Street, City, State, Country) Lund, Sweden	5. NAME OF SUPERVISOR Rooth G.	4. KIND OF BUSINESS laboratory and medical analysis	7. SALARY OR EARNINGS \$ 400.70 PER month	6. TITLE OF JOB technician	8. CLASS. GRADE (If Federal Service) NA	9. DESCRIPTION OF DUTIES chemical analysis (incl. calorimetry), experiments with sulfa and penicillin inhalation (patients) and recording of it.		10. REASONS FOR LEAVING moved to other city in order to be together with family	
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) Feb., 1946 - Feb., 1947	2. NAME OF EMPLOYING FIRM OR AGENCY ROOTH Gösta, M.D.													
3. ADDRESS (No., Street, City, State, Country) Lund, Sweden	5. NAME OF SUPERVISOR Rooth G.													
4. KIND OF BUSINESS laboratory and medical analysis	7. SALARY OR EARNINGS \$ 400.70 PER month													
6. TITLE OF JOB technician	8. CLASS. GRADE (If Federal Service) NA													
9. DESCRIPTION OF DUTIES chemical analysis (incl. calorimetry), experiments with sulfa and penicillin inhalation (patients) and recording of it.														
10. REASONS FOR LEAVING moved to other city in order to be together with family														

SECTION IX CONTINUED TO PAGE 6

* see first 2/8 on p. 7

SECTION IX CONTINUED FROM PAGE 5			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) apr. Sep., 1947 - Feb., 1948		2. NAME OF EMPLOYING FIRM OR AGENCY A.B. Boras Wafveri	
3. ADDRESS (No., Street, City, State, Country) Boras, Sweden			
4. KIND OF BUSINESS manual laborer work		5. NAME OF SUPERVISOR unknown	
6. TITLE OF JOB laborer		7. SALARY OR EARNINGS \$ apr. 20 PER week	8. CLASS, GRADE (If Federal Service) NA
9. DESCRIPTION OF DUTIES chemical washing of newly printed fabrics			
10. REASONS FOR LEAVING daughter was born and had to be cared for at home since wife was working out of home as a dentist			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) apr. Aug. - Oct., 1948		2. NAME OF EMPLOYING FIRM OR AGENCY private employed, owner of a saw-mill	
3. ADDRESS (No., Street, City, State, Country) in the vicinity of Boras, Sweden			
4. KIND OF BUSINESS lumberwork		5. NAME OF SUPERVISOR unknown	
6. TITLE OF JOB lumberjack		7. SALARY OR EARNINGS \$ apr. 20 PER week	8. CLASS, GRADE (If Federal Service) NA
9. DESCRIPTION OF DUTIES felling trees, cutting branches, sawing			
10. REASONS FOR LEAVING wounded in the right knee while working; unable to continue to work			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) apr. Oct., 1949 - Feb., 1950		2. NAME OF EMPLOYING FIRM OR AGENCY A.B. Boras Wafveri	
3. ADDRESS (No., Street, City, State, Country) Boras, Sweden			
4. KIND OF BUSINESS manual work		5. NAME OF SUPERVISOR unknown	
6. TITLE OF JOB laborer		7. SALARY OR EARNINGS \$ apr. 20 PER week	8. CLASS, GRADE (If Federal Service) NA
9. DESCRIPTION OF DUTIES drying of fabrics			
10. REASONS FOR LEAVING preparing for some special mission in March, 1950			
1. INCLUSIVE DATES (From and To - By Mo. and Yr.) apr. Nov., 1950 - Apr., 1951		2. NAME OF EMPLOYING FIRM OR AGENCY A.B. Molnlyke Waveri (?)	
3. ADDRESS (No., Street, City, State, Country) Molndal, Sweden (near Gothenburg)			
4. KIND OF BUSINESS weaving		5. NAME OF SUPERVISOR unknown	
6. TITLE OF JOB weaver's apprentice		7. SALARY OR EARNINGS \$ apr. 16 PER week	8. CLASS, GRADE (If Federal Service) NA

SECTION IX CONTINUED TO PAGE 7

SECTION IX CONTINUED FROM PAGE 6

5	9. DESCRIPTION OF DUTIES learning to weave fabrics		
	10. REASONS FOR LEAVING had to leave Sweden for Germany		
	1. INCLUSIVE DATES (From and To - By Mo. and Yr.) May, 1951 - Oct., 1952	2. NAME OF EMPLOYING FIRM OR AGENCY US Govt.	
	3. ADDRESS (No., Street, City, State, Country) Munich, Germany		
	4. KIND OF BUSINESS	5. NAME OF SUPERVISOR	
	6. TITLE OF JOB	7. SALARY OR EARNINGS \$ apr. 200. PER month	8. CLASS. GRADE (If Federal Service) NA
6	9. DESCRIPTION OF DUTIES		
	10. REASONS FOR LEAVING immigration in US		
	1. INCLUSIVE DATES (From and To - By Mo. and Yr.) Oct., 1952 until present	2. NAME OF EMPLOYING FIRM OR AGENCY US Govt.	
	3. ADDRESS (No., Street, City, State, Country) Washington, D.C.		
	4. KIND OF BUSINESS	5. NAME OF SUPERVISOR	
	6. TITLE OF JOB	7. SALARY OR EARNINGS \$ 6000. PER YEAR	8. CLASS. GRADE (If Federal Service) NA
7	9. DESCRIPTION OF DUTIES		
	10. REASONS FOR LEAVING		
	1. INCLUSIVE DATES (From and To - By Mo. and Yr.) Oct., 1941 - March, 1943	2. NAME OF EMPLOYING FIRM OR AGENCY "Latviešu Kartoteka" (Lettische Kartei)	
	3. ADDRESS (No., Street, City, State, Country) Jura Allunana No.6 (?), Riga, Latvia		
	4. KIND OF BUSINESS additional investigation & reporting.	5. NAME OF SUPERVISOR RIKARDS Feliciss (immed. sup. - MITREVICS Oskars)	
	6. TITLE OF JOB employee of the operative division	7. SALARY OR EARNINGS \$ apr. 300 DM PER month	8. CLASS. GRADE (If Federal Service) NA
8	9. DESCRIPTION OF DUTIES card-index preparing; investigations of Communist suspects; translating from Latvian to German (and vice versa); gathering of reports from sub-agents as to the general conditions in Latvia, preparing of regular reports on it.		
	10. REASONS FOR LEAVING arrested by the German SD on 6 March, 1943		
9. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS Left my position as research technician at the Experimental Station of Pēternieki in Latvia around 24 June, 1941, due to the outbreak of the German-Russian war (joined the anti-Soviet illegal forces to fight the retreating Soviet troops).			

SECTION X

MILITARY SERVICE

1. CURRENT DRAFT STATUS

1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (as amended)?

☐ YES ☒ NO

2. SELECTIVE SERVICE CLASSIFICATION

NA

3. SELECTIVE SERVICE NO.

NA

4. IF DEFERRED, GIVE REASON

NA

5. LOCAL DRAFT BOARD NUMBER OR DESIGNATION

NA

6. ADDRESS OF LOCAL DRAFT BOARD

NA

2. PAST MILITARY SERVICE RECORD NA

1. CHECK (X) ORGANIZATIONS LISTED IN WHICH YOU HAVE SERVED

ARMY	MARINE CORPS	COAST GUARD	NAT'L GUARD	FOREIGN MILITARY (Specify):
NAVY	AIR FORCE	MERCHANT MARINE	AIR NAT'L GUARD	

2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)

3. DATE OF SEPARATION FROM EXTENDED ACTIVE DUTY

4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES

5. DATE OF ENTRY ON ACTIVE DUTY

6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION

7. RANK, GRADE OR RATE AT TIME OF SEPARATION

8. SERVICE, SERIAL OR FILE NUMBER

9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or designator) AND TITLE

10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or designator) AND TITLE

11. BRIEF DESCRIPTION OF MILITARY DUTIES

12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY

HONORABLE DISCHARGE	RETIREMENT FOR SERVICE	UNDUE HARDSHIPS
RELEASE TO INACTIVE DUTY	RETIREMENT FOR COMBAT DISABILITY	OTHER:
RETIREMENT FOR AGE	RETIREMENT FOR PHYSICAL DISABILITY	

13. CHECK (X) COMPONENT IN WHICH YOU SERVED

REGULAR	RESERVE (including the National and Air National Guard)	OTHER (including AUS)
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3. MILITARY RESERVE AND NATIONAL GUARD STATUS NA

1. DO YOU NOW HAVE A RESERVE STATUS?

YES

NO

2. ARE YOU NOW A MEMBER OF NAT'L GRD OR AIR NAT'L GRD?

YES

NO

3. IF YOU HAVE ANSWERED "YES" ABOVE, CHECK (X) RESERVE COMPONENT MEMBERSHIP

ARMY	MARINE CORPS	NATIONAL GUARD	COAST GUARD
NAVY	AIR FORCE	AIR NAT'L GUARD	

4. CURRENT RANK, GRADE OR RATE

5. DATE OF APPOINTMENT IN CURRENT RANK

6. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION

7. CHECK (X) CURRENT RESERVE CATEGORY

READY RESERVE	STANDBY (Active)	STANDBY (Inactive)	RETIRED
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8. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or designator) AND TITLE

9. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or designator) AND TITLE

10. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES

11. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE OR NATIONAL GUARD TRAINING UNIT?

☐ YES☒ NO

12. IF YOU HAVE ANSWERED "YES" TO ITEM 11, GIVE UNIT OR AGENCY AND ADDRESS

13. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?

☐ YES☒ NO

14. IF YOU HAVE ANSWERED "YES" TO ITEM 13, GIVE UNIT OR AGENCY AND ADDRESS

15. INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY.

YEARS

MONTHS

16. WHERE ARE YOUR SERVICE RECORDS KEPT?

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS	
NAME OF INSTITUTION	ADDRESS (City, State, Country)
none	
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS (INCLUDING COURT AND DATE(S))	
NA	
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES	
NAME	ADDRESS (No., Street, City, State, Country)
Citizens Bank of Maryland	Riverdale, Md.
The Hub Furniture	7th & D St., Washington, D.C.
D. Kaufman's Mens Shop	14th & I St., Wash., D.C.
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS	
NA	
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES, OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer "YES", furnish details on separate sheet.)	
SECTION XII MARITAL STATUS	
1. CHECK ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULMENT	
2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS	
NA	
WIFE, HUSBAND OR FIANCE: If you have been married more than once - including annulments - use a separate sheet for form and husband giving data required below for all previous marriages. If marriage contemplated, fill in information for fiancé.	
3. NAME (First) (Middle) (Maiden) (Last)	
Tamara - DANCOS LAUNAGS	
4. DATE OF MARRIAGE	
9 Apr., 1944	
5. PLACE OF MARRIAGE (City, State, Country)	
Riga, Latvia	
6. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)	
Rauna, Latvia	
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
8. DATE OF DEATH	
NA	
9. CAUSE OF DEATH	
NA	
10. CURRENT ADDRESS (Give last address, if deceased)	
c/o Max Chenoweth, 4097 Monticello, Abilene, Texas	
11. DATE OF BIRTH	
18 Oct., 1916	
12. PLACE OF BIRTH (City, State, Country)	
Vitrups, Latvia	

SECTION XII CONTINUED TO PAGE 9

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13. IF BORN OUTSIDE U.S. - DATE OF ENTRY 14 Oct., 1952		14. PLACE OF ENTRY Hoboken, N.J.	
15. CITIZENSHIP Latvian		16. DATE ACQUIRED by birth	17. WHERE ACQUIRED (City, State, Country) in Latvia
18. OCCUPATION dentist (presently re-studying)		19. PRESENT EMPLOYER (Also give former employer, or if spouse deceased or unemployed give last two employers) NA	
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) NA			
21. DATES OF MILITARY SERVICE (From and to - By No. and Yr.) NA			
22. BRANCH OF SERVICE NA		23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED NA	
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN Employed as dentist at the public health institutions in Sweden (municipal) from Jan., 1947 to March, 1952.			

SECTION XIII CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (Including Step children and adopted children) WHO ARE UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF SUPPORTING. <input type="checkbox"/> 2		2. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, step-parents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS. OF AGE WHO ARE NOT SELF-SUPPORTING. <input type="checkbox"/> 1			
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS INDICATED ABOVE.					
NAME	RELATIONSHIP	YEAR OF BIRTH	M F	CITIZENSHIP	ADDRESS
LAUNAGS Valdis Antons	son	1945	x	Latvian	c/o Max Chenoweth 4097 Monticello, Abilene, Texas
LAUNAGS Laima Kristina	daughter	1943	x	Latvian	do

SECTION XIV FATHER (Give same information, for Steplather and/or Guardian on a separate sheet)

1. FULL NAME (Last-First-Middle) LAUNAGS Antons		2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		3. DATE OF DEATH NA		4. CAUSE OF DEATH NA	
5. CURRENT ADDRESS - Give last address, if deceased (No., Street, City, State, Country) Jaunmilgravis, Riga, Latvia							
6. DATE OF BIRTH 19 Sep., 1934		7. PLACE OF BIRTH (City, State, Country) unknown					
8. IF BORN OUTSIDE U.S. - DATE OF ENTRY NA		9. PLACE OF ENTRY NA					
10. CITIZENSHIP (Country) Latvian		11. DATE ACQUIRED when independent Latvia was proclaimed in 1918		12. WHERE ACQUIRED (City, State, Country) unknown			
13. OCCUPATION translator		14. EMPLOYER (Give last employer, if Father is deceased or unemployed) unknown					
15. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED. unknown							
16. DATES OF MILITARY SERVICE (From-and-To) unknown		17. BRANCH OF SERVICE unknown		18. COUNTRY Latvia			
19. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN Director of Dept of Trade Industry; Executive of Latvian Bank of Latvia							

SECTION XV MOTHER (Give same information for Stepmother on separate sheet)			
1. FULL NAME (Last-First-Middle) LAUNAGS Olga Elizabete		2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. DATE OF DEATH NA
4. CAUSE OF DEATH NA			
5. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country) Jaunmilgravis, Riga, Latvia			
6. DATE OF BIRTH 19 Apr., 1888		7. PLACE OF BIRTH (City, State, Country) unknown	
8. IF BORN OUTSIDE U.S. - DATE OF ENTRY NA		9. PLACE OF ENTRY NA	
10. CITIZENSHIP (Country) Latvian		11. DATE ACQUIRED when independent Latvia proclaimed in 1918	
12. WHERE ACQUIRED (City, State, Country) unknown		13. EMPLOYER (Give last employer, if Mother is deceased or unemployed) NA	
14. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED NA			
15. DATES OF MILITARY SERVICE (From-and-To) NA		16. BRANCH OF SERVICE NA	
17. COUNTRY NA			
18. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN NA			
SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)			
1. FULL NAME (Last-First-Middle) OLIVS Margita (deceased on 12 Jan., 1956, in Siberia)		2. AGE NA	
3. CURRENT ADDRESS (No., Street, City, State, Country) NA		4. CITIZENSHIP (Country) NA	
1. FULL NAME (Last-First-Middle) VITOLS Ingrida		2. AGE 44	
3. CURRENT ADDRESS (No., Street, City, State, Country) Upper Sturt, S.A., Australia		4. CITIZENSHIP (Country) Australian	
1. FULL NAME (Last-First-Middle)		2. AGE	
3. CURRENT ADDRESS (No., Street, City, State, Country)		4. CITIZENSHIP (Country)	
1. FULL NAME (Last-First-Middle)		2. AGE	
3. CURRENT ADDRESS (No., Street, City, State, Country)		4. CITIZENSHIP (Country)	
1. FULL NAME (Last-First-Middle)		2. AGE	
3. CURRENT ADDRESS (No., Street, City, State, Country)		4. CITIZENSHIP (Country)	
1. FULL NAME (Last-First-Middle)		2. AGE	
3. CURRENT ADDRESS (No., Street, City, State, Country)		4. CITIZENSHIP (Country)	
1. FULL NAME (Last-First-Middle)		2. AGE	
3. CURRENT ADDRESS (No., Street, City, State, Country)		4. CITIZENSHIP (Country)	
1. FULL NAME (Last-First-Middle)		2. AGE	
3. CURRENT ADDRESS (No., Street, City, State, Country)		4. CITIZENSHIP (Country)	

SECTION XVII FATHER-IN-LAW			
1. FULL NAME (Last-First-Middle) DANCIS Pēteris	2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. DATE OF DEATH NA	4. CAUSE OF DEATH NA
5. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) Rīga, Smilšu Street, Latvia			
6. DATE OF BIRTH unknown	7. PLACE OF BIRTH (City, State, Country) unknown		
8. IF BORN OUTSIDE U.S. - DATE OF ENTRY NA		9. PLACE OF ENTRY NA	
10. CITIZENSHIP (Country) Latvian	11. DATE ACQUIRED unknown	12. WHERE ACQUIRED (City, State, Country) unknown	
13. OCCUPATION unknown	14. EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed) unknown		
SECTION XVIII MOTHER-IN-LAW			
1. FULL NAME (Last-First-Middle) WINKS Lily	2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. DATE OF DEATH NA	4. CAUSE OF DEATH NA
5. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) 3226 Fairview Ave., Dallas, Texas			
6. DATE OF BIRTH 1900	7. PLACE OF BIRTH (City, State, Country) unknown		
8. IF BORN OUTSIDE U.S. - DATE OF ENTRY in 1949		9. PLACE OF ENTRY New York (?)	
10. CITIZENSHIP (Country) US	11. DATE ACQUIRED unknown	12. WHERE ACQUIRED (City, State, Country) Dallas, Texas	
13. OCCUPATION housewife	14. EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed) NA		
SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS			
1. FULL NAME (Last-First-Middle) MEZCIEMS Janis		2. RELATIONSHIP uncle (mother's brother)	3. AGE 68
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Oldenburg i. Oldenburg, West Germany (Peter-Frdr.-Ludw. Hospital, Peterstr. 3)			
5. CITIZENSHIP (Country) Latvian	6. FREQUENCY OF CONTACT occasionally	7. DATE OF LAST CONTACT 1952	
1. FULL NAME (Last-First-Middle) MEZCIEMS Aleksandrs		2. RELATIONSHIP uncle (mother's brother)	3. AGE 66
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Great Britain			
5. CITIZENSHIP (Country) Latvian	6. FREQUENCY OF CONTACT non-existent	7. DATE OF LAST CONTACT apr. 1945	
1. FULL NAME (Last-First-Middle) LAUNAGS Janis		2. RELATIONSHIP uncle (father's brother)	3. AGE apr. 67
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Vecpiebalga, Latvia (as far as known)			
5. CITIZENSHIP (Country) Latvian	6. FREQUENCY OF CONTACT nonexistent	7. DATE OF LAST CONTACT apr. 1942	
1. FULL NAME (Last-First-Middle) MEZCIEMS Davis (son of MEZCIEMS Aleksandrs)		2. RELATIONSHIP cousin	3. AGE apr. 35
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Great Britain (Birmingham 27, 44 Flint Green Rd., Acocks Green - in apr. 1953)			
5. CITIZENSHIP (Country) unknown	6. FREQUENCY OF CONTACT nonexistent	7. DATE OF LAST CONTACT apr. 1936	
1. FULL NAME (Last-First-Middle) MEZCIEMS Ieva (daughter of MEZCIEMS Aleksandrs)		2. RELATIONSHIP cousin	3. AGE apr. 30
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Great Britain			
5. CITIZENSHIP (Country) unknown	6. FREQUENCY OF CONTACT nonexistent	7. DATE OF LAST CONTACT apr. 1936	

SECTION XIX CONTINUED TO PAGE 13

SECTION XIX CONTINUED FROM PAGE 12

1. FULL NAME (Last-First-Middle) OZOLINS Julijs		2. RELATIONSHIP cousin	3. AGE apr.33
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Latvia			
5. CITIZENSHIP (Country) Latvian	6. FREQUENCY OF CONTACT nonexistent	7. DATE OF LAST CONTACT 1941	
1. FULL NAME (Last-First-Middle) OZOLINS Uldis		2. RELATIONSHIP cousin	3. AGE apr.31
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Latvia			
5. CITIZENSHIP (Country) Latvian	6. FREQUENCY OF CONTACT nonexistent	7. DATE OF LAST CONTACT apr.1940	
8. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES OZOLINS Julijs and Uldis are the illegitimate children of a/m LAURAGS Janis			

SECTION XX REFERENCES, ACQUAINTANCES, AND NEIGHBORS		
1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S., WHO KNOW YOU INTIMATELY		
NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
KALNS Maiga B.	USIA, Voice of America, Wash. D.C.	415 E. Clifton Terr. NW Washington 9, D.C.
MEIEROVICS Gunars	US Gvt., Washington, D.C.	510 Aspen St., Wash. 12, D.C.
HAULTAIN Marga Skeldrbte		2100 Stone Valley Rd., Danville, Calif.
KNOWLES Edward		9900 Woodland Dr., Silver Spring, Md.
2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY - NOT RELATIVES, SUPERVISORS OR EMPLOYERS		
NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
VEINBERGS Alexander, Rev.	Augustana Church, V St., NW	1527 Park Rd., N.W., Wash. D.C.
MEDNIEKS Valdemars		1400 New Hampshire Ave., NW Wash. D.C.
KADILIS Janis	USIA, Library, Wash., D.C.	2112 F St., N.W. Wash., D.C.
KALUNDS Richards		1235 W. Winona St. Chicago 40, Ill.
GALINDOMS Arturs		32 Peter Parley Rd. Jamaica Plain, Boston, Mass.
3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.		
NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
BILMANIS Andris		5710 64th, Eastpines, Md.
ODINS Mirdza		5701 Kennedy St. East Riverdale, Md.
SILINS Velta		" " "

SECTION XXI CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind (Include membership in, or support of, any organization having headquarters or branch in a foreign country) to which you belong or have belonged.

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATES OF MEMBERSHIP	
		FROM	TO
Daugavas Vanagi, Wash. Chapter	1400 New Hampshire Ave., Wash. D.C.	Apr. 1957	present
American Latvian Association	1727 Kenyon St., NW, Wash., D.C.	1954	present
Mazpulki (4-H Club) - Academic Section	Jelgava Castle, Jelgava, Latvia	its founding, 1938	1940
Professional Organization of Students of Academy of Agric.	Jelgava Castle, Jelgava, Latvia	Apr. Dec. '41	Apr., '41
"Perkopkrusts" (Group B *)	Riga Latvian Society, Barojs St., Riga	July, 1941	Apr. Dec., 1942
* Group B consisted of persons who had participated in illegal anti-Soviet activities in 1940/41 but had not been members of P previously; such persons were admitted automatically if they had worked under some member of "P" - in this case under RIKARDS Feliks.			
Latvian YMCA, Chapter in Lund and Boras, Sweden	Begeringsgatan, Stockholm, Sweden (Central Board)	Apr. Dec., '45	1951
Latvian National Foundation in Scandinavia	Postbox 108, Stockholm 1, Sweden	1947	present
Latvian Lutheran Parish in Wash. DC.	Augustana Church, Wash. DC	1953	present

SECTION XXII RESIDENCES FOR THE PAST 15 YEARS

ADDRESS - LAST RESIDENCE FIRST (Number, Street, City, State, Country)	INCLUSIVE DATES	
	FROM	TO
415 E. Clifton Terr., NW, Washington 9, D.C., USA	Sep., 1955	present
6202 - 54th Ave., E. Riverdale, Md., USA	Feb., 1954	Sep., 1955
5504 - 59th Ave., E. Riverdale, Md., USA	Dec., 1952	Feb., 1954
4097 Monticello, Abilene, Texas, USA	Oct., 1952	Nov., 1952
Munich, Germany	May, 1951	Oct., 1952
Hid, Sweden	Nov., 1948	May, 1951
Villa Lundadal, Boras, Sweden	Feb., 1947	Nov., 1948
Lund, Sweden (several places on Bankgatan, Klostergatan, Baggensgatan and St. Petri gatan)	Jan., 1946	Feb., 1947
Flyktinglagret Kummelinas (near Stockholm), Sweden	Nov., 1945	Jan., 1946
Ljugarn, Gotland, Sweden	31 Oct., 1945	Nov., 1945
forests of Kurzeme, Latvia	9 May, 1945	30 Oct., 45
Darza St. # 4, Kuldiga, Latvia	Oct., 1944	8 May, 1945
Elizabetes St. # 57, Apt. 24, Riga, Latvia	1953	Sep., 1944

SECTION XXIII		ADDITIONAL INFORMATION	
1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF; OR HAVE YOU EVER SUPPORTED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE, VIOLENCE OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN NA			
3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. IF SO, TO WHAT EXTENT? modestly	
5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5. IF SO, TO WHAT EXTENT? NA	
7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "YES", GIVE COMPLETE DETAILS. see p.16			
8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940 Peoples Commissariat of Agriculture, ^{of USSR} Personnel Division - for employment as a research technician at the Experimental Station of Peternieki, Latvia; in April, 1941			
9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION. unknown			
SPECIAL INSTRUCTIONS		If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.	
10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS YOUR SPOUSE, EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE ON A SEPARATE SHEET IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE ON SEPARATE SHEET IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION XXIV		PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
1. NAME (First-Middle-Last) Tamara LAUNAGS		2. RELATIONSHIP wife	
3. HOME ADDRESS (No., Street, City, Zone, State, Country) c/o Max Chenoveth, 4097 Monticello, Abilene, Texas, USA			
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE NA			
5. HOME TELEPHONE NO. Abilene, Tex. 2-9751		7. BUSINESS TELEPHONE EXTENSION NA	
6. BUSINESS TELEPHONE NO. NA		8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE, BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. Mrs. Gertrude JANSONS - 33 Lafayette St., New Rochelle, N.Y.; phone NE 2-9458 (godmother)	

SECTION XXV

CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.

I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. SIGNED AT (City and State)

Washington, D.C.

2. DATE OF SIGNATURES

24 June, 1957

3. SIGNATURE OF WITNESS

4. SIGNATURE OF APPLICANT

Fred J. Lammey

NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.

Section XXIII, 7:

- a/ German Abwehr - had unwittingly connections in March-June, 1941, being member of an anti-Soviet underground group, led by RIKARDS Feliks;
- b/ German Abwehr (since apr. Nov., 1944, - SS Jagdverband Ost) - was supported and had connections being a member of the HQs of the Anti-Bolshevistic Partisans from Sep., 1944, to 8 May, 1945, while organizing Latvian national partisans in Vidzeme, Riga and Kurzeme, Latvia;
- c/ Swedish Army Intelligence (Forsvarsstaben) - had connections from Jan., 1949, to apr. Apr., 1950; during this period got special training Jan.-March, 1949, in Stockholm, Sweden;
- d/ was contacted by a British agent in 1949 (twice) and in 1950 (in March); had connections by letters until apr. June, 1950; received during said time support in the form of travel expenses;
- e/ contacted a Danish agent in 1950 - apr. four times until apr. Oct., 1950; travel expenses reimbursed;
- f/ was interrogated by the chief of NKVD, ^{MELNIKOV, fru} in Jelgava, Latvia, in Jan. (or Feb.), 1941, for apr. two hours - possibly being considered as a prospective informer of the NKVD; no offer made since presumably considered unreliable.

Fred J. Lammey